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SPECIAL TASK FORCE FOR STUDY OF

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FUTURE DELIVERY OF

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ALCOHOL AND DRUG ABUSE TREATMENT IN MONTANA

HELENA, MONTANA 59620

July 16, 1982

Department of Institutions
1539 11th Avenue
Helena, MT 59620

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FINAL REPORT

SPECIAL TASK FORCE FOR STUDY OF
LONG RANGE PLANNING AND
FUTURE DELIVERY OF
ALCOHOL AND DRUG ABUSE TREATMENT IN MONTANA

July 16, 1982

Department of Institutions
1539 11th Avenue
Helena, MT 59620

The Task Force applauds Governor Ted Schwinden, and Department of Institutions Director Carroll South for establishing a body to take an indepth and much needed look at funding and service delivery of alcohol and drug abuse treatment. We feel the expenditure for the Task Force was a timely and wise investment of the Department's funding. The timing of our work comes at an appropriate interval in the history of treatment service. The past Legislature did not make major legislative changes affecting service delivery therefore the field was allowed to stabilize. In view of reduced funding available for service delivery long range planning is critical.

We wish to thank the director and his staff who have served the Task Force as resource and special assistants for their diligent efforts.

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PURPOSE AND MANDATE FOR THE TASK FORCE

Mr. Carroll South, Director of the Department of Institutions, in his letter of appointment charged Task Force members to consider:

1. Organization of programs and services to provide adequate service to the entire state.
2. Method of payment to providers-subsidy or fee-for-service.
3. Long term stable funding for alcohol and drug abuse treatment.
4. Other issues that arise during consideration of first three.

He further indicated that it was his desire to have the final product of the Task Force be a document that would contain recommendations for consideration by the 1983 Legislature.

DEPARTMENT OF INSTITUTIONS



TED SCHWINDEN GOVERNOR

1539 11TH AVENUE

STATE OF MONTANA

(406) 449-3930

HELENA, MONTANA 59620

December 18, 1981

Dear

I write to formally ask that you serve on a task force I am forming to study the future delivery of alcohol and drug abuse treatment in Montana. Hopefully, a recommendation can be developed by the task force for consideration by the 1983 Legislature.

Three major issues that should be considered are:

1. Organization of programs and services to provide adequate service to the entire state.
2. Method of payment to providers-subsidy or fee-for-service.
3. Long term stable funding for alcohol and drug abuse treatment.

Attached find an issue paper, for discussion purposes only, that will be used at the outset for committee deliberation. There may be other issues that arise during the consideration of these.

The task force has held two meetings, one informal January 21, 1982, and another March 13, 1982. I have enclosed the minutes from those meetings for your information.

Others serving on the task force with you will be:

Bill Spoja	Joe Plumage	Rep. John Vincent
Jack Whitaker	Mona Sumner	Ed Shepherd
Ron Hjelmstad	Jack Pollari	Joan Diest
Rep. Jack Moore	Dr. Robert L. VanHorne	

I appreciate your willingness to serve on this task force and sincerely hope that we can accomplish at least some of the objectives I believe necessary.

Sincerely,

CVS:bt
Encl.
cc: Mike Murray

CARROLL V. SOUTH
Director

MEMBERS

SPECIAL TASK FORCE ON LONG RANGE PLANNING
FOR ALCOHOLISM AND DRUG ABUSE TREATMENT IN MONTANA

Commissioner Joan Diest
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Representative John Vincent
1317 South Grant
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Jack Pollari, Director
Dist. II Alcohol Program
Glendive Medical Center
Glendive, MT 59330
365-5942

Commissioner Jack Whitaker
Cascade County Courthouse
Great Falls, MT 59405
586-6790

Ed Shepherd, Director
Ravalli Co. Alcohol Program
PO Box 902
Hamilton, MT 59840
363-3060

POLICY STATEMENT

The Task Force was faced with overwhelming evidence that alcohol is one of the most dangerous drugs and the most frequently abused drug in the state of Montana. The Task Force finds (1) the vast majority of inmates in our prison system were convicted of a crime committed while under the influence of alcohol and other drugs; (2) the majority of highway deaths in Montana involve alcohol; (3) use of alcohol by our state's adolescents is the fastest growing police problem in our state, and (4) school systems throughout the state are requesting help with the student alcohol abuse syndrome.

The World Health Organization, American Medical Association, and Montana law recognize alcoholism as an illness.

The Legislature has established a means whereby all the appropriate resources of the state may be focused fully and effectively upon the problems of alcoholism and drug dependency. In implementing programs for the control and treatment of these problems we support a strong, separate and discrete Single State Authority. We now believe as did the Legislature in 1975 with the passage of HB699, that responsibility for overseeing all alcohol and drug abuse activities in Montana should be vested in one office whose sole purpose is coordination, advocacy, and administration of all alcohol and drug abuse treatment services and funding. Further given the magnitude of the alcohol and drug abuse problems in Montana we believe the Department should continue to maintain Division or principle Department unit status as provided by 2-15-104 MCA to administer the comprehensive and coordinated program for treatment of alcoholics, intoxicated persons and family members required by law. Other problems related to chemical dependency must also be addressed.

The goal now must be to deal with all chemical dependency in a coordinated manner. Since 1975 the state alcohol and drug abuse staff has effectively worked with community groups, to bring the availability of treatment services to each of Montana's fifty-six counties. Montana is one of but a few states to provide such a service.

The Department Deputy Director has stated that the Department is considering combining the Alcohol and Drug Abuse and the Mental Health Division for administrative convenience because both have similar audit and evaluation functions. We strongly oppose and recommend discontinuation of all plans for such an administrative merger.

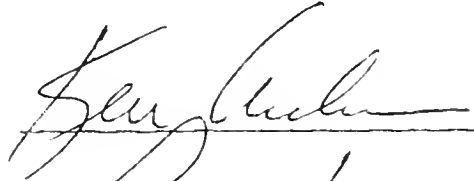
It is a matter of record that the vast majority of alcoholics who have recovered have done so outside of the mental health movement rather than within its therapeutic boundaries. Objective, comprehensive reviews of the extensive psychological research literature in alcoholism have been published from time to time.

Without exception each author has drawn to the same conclusion: that no sound evidence has been reported which would warrant the assumption of psychological causation of alcoholism. The aggregate of evidence has proven the opposite hypothesis. Alcoholics are not different psychologically, socially, or culturally from other persons either prior to the onset of their illness or after they have recovered.

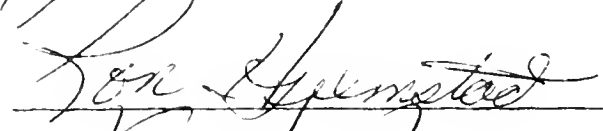
Montana must not fracture or diffuse the available resources for effective treatment of an illness of such magnitude as chemical dependency by a merger of administrations with diverse functions.

We by our signatures hereby acknowledge our concurrence with the Final Report of the Special Long-Range Task Force for Alcohol and Drug Abuse Planning, as adopted July 16, 1982.

Commissioner Joan Diest
Represented by Ken Anderson



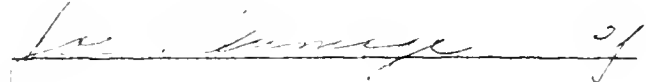
Ron Hjelmstad



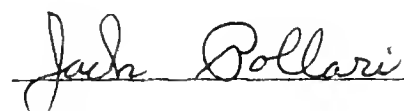
Representative Jack K. Moore



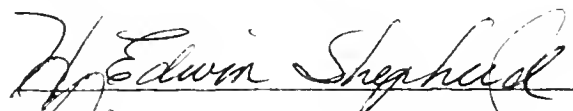
Joe Plumage



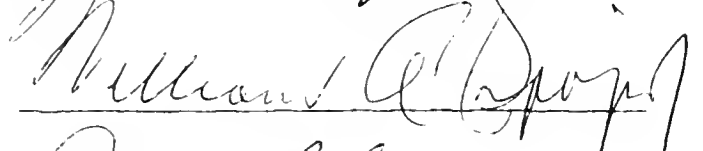
Jack Pollari



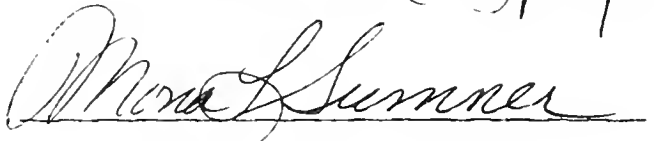
H. Edwin Shepherd



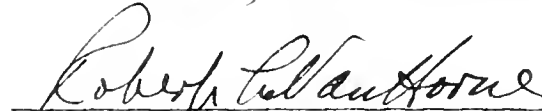
William A. Spoja, Jr.



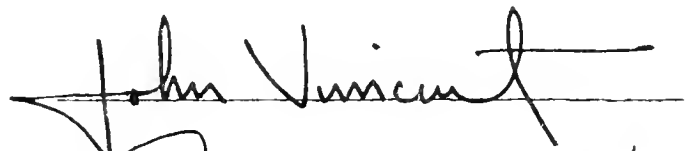
Mona L. Sumner



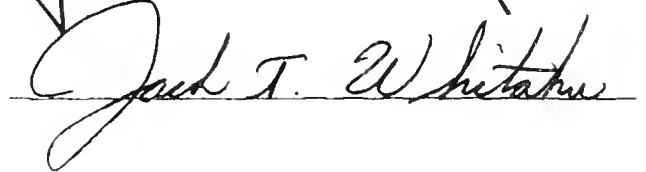
Dr. Robert Van Horne



Representative John Vincent



Commissioner Jack T. Whitaker



TASK FORCE RECOMMENDATIONS

- #1 STATE DRUG CLINICS The Department of Institutions presented four options. Option C was adopted.

The state drug clinics should be eliminated and all drug services contracted out to the local community alcohol programs (contract would have to be with County government in Butte or Anaconda). This would bring total available treatment slots in the state to 407. Refer to attachment for Option C specifics and distribution of treatment slots.

In addition it is recommended the Division establish a distribution formula or system which will assure appropriate utilization of drug treatment slots in areas with a demonstrated need. The formula/system as outlined in memorandum and attached may be an acceptable system but if adopted should be published.

- #2 COUNTY PLANS

The current County Plans should be updated in a one-page checklist form every two years only. The intent of this recommendation, requiring a change in the law, is to keep the county plan updating process as simple as possible.

STATE PLAN

The State Plan should be written for a six year period with biennial updates included as part of the Department's required report to the Legislature.

- #3 STATE TRAINING

The Department (ADAD) should continue to be involved in providing state training. This training should be monitored by a five (5) member advisory committee appointed by the Director. The committee should be composed of two department members and three service providers. The intent of this recommendation is to ensure the most cost-effective training possible and provide committee input from a widespread spectrum of representative programs. Whenever possible, training should be accomplished with in-state trainers.

- #4 PROGRAM LICENSING AND APPROVAL

The Governor should require the Department of Institutions and Department of Health and Environmental Sciences with the Governor's office to form a joint committee to develop a central licensing group to approve all alcohol and drug service programs. We recommend the approving agency be the Alcohol and Drug Abuse Division. This request is intended to address the critical problem of two state agencies, each presently licensing or approving alcohol and drug programs and publishing separate lists which causes duplication of services.

#5 INSURANCE LAWS

The present insurance law should be changed to assure that inpatient and outpatient chemical dependency programs, licensed by a single agency, under the direction of the Department of Institutions receive third-party payments. The Task Force recommends a sub-committee of the Task Force work with the Department and adapt the Minnesota insurance legislation to Montana. Further, it is recommended that sections 33-22-703 and related statutes be amended to remove alcohol/drug dependency coverage from those requirements and adopt the Minnesota language for alcohol/drug coverage.

#6 MULTI-COUNTY SERVICES

Local government units, contracting with alcohol/drug programs should seek the most cost-effective services consistent with standards of care. This may include multi-county arrangements however regionalization or consolidation do not necessarily assure cost-effectiveness.

(Considerable discussion has been held on this issue as documented in the minutes. The Task Force believes that regionalization/consolidation risks reducing local autonomy without significantly reducing costs.)

#7 FUNDING OPTIONS

It is the position of the Task Force that there is one major state source of funds for the community level treatment of chemical dependency: The earmarked tax from alcohol, beer and wine. Short of increasing the liquor, beer and wine taxes, it is the opinion of the Task Force that the integrity of the earmarked alcohol treatment fund must be restored and therefore at least one of two options must be exercised. Either a portion of the cities' share of the funds must be earmarked for treatment as is currently required of counties or the Galen operations must be funded as are other Institutions.

The Task Force urges the Governor's Office and the Department meet with members of the Task Force and select one of these options. The Task Force has attached a recommended formula for the cities earmarked treatment share, should this option be selected. However it should be noted the Galen option provides substantially more revenue.

The Task Force is prepared to actively work with all parties to secure the necessary option.

Suggested city formula:

Amend the law to reduce by 1/4 the cities portion of liquor, wine and beer tax with this funding to increase the alcohol earmarked tax for treatment of alcoholics.

- 1) City liquor tax 30% reduced to 22.5% and treatment increased to 73%;
- 2) City beer tax of \$1.50/barrel reduced to 1.13/barrel and treatment increased to \$1.37/barrel;
- 3) City wine tax of 1-13¢ liter reduced to 1¢ per liter and treatment increased to 1-2/3¢ liter.

#8 PATIENT FEE COLLECTIONS FROM GALEN

The Task Force recommends that monies collected from patient fees at Galen revert to the alcohol earmarked tax fund rather than the general fund.

#9 COMMITMENT LAW

The commitment law needs revision and updating to reflect current realities and the needs of the legal system and patients requiring commitment.

The Task Force recommends revision of the Commitment laws to include more expeditious commitment proceedings and provisions for commitment of those patients who need long-term care.

#10 FORENSIC LAB

The Task Force recommends that funding for the Department of Justice Forensic Lab come from sources other than alcohol earmarked tax. It is recommended that the law be changed to fund the forensic lab from DUI fines.

#11 DISCRETIONARY FUNDS

The Task Force recommends that the level of discretionary funds for use by state-approved programs remain at the current levels. The Department is urged to distribute these funds to cost-effective programs to ensure their maintenance.

#12 PROGRAM GENERATED REVENUES

The Task Force recommends programs be required to increase, progressively, their self-generated revenues (monies other than alcohol earmarked tax funds, or Federal block grants) to at least 25 percent of their operational budgets. The Department should establish a schedule to achieve this goal. We suggest this 25 percent be included in the July 1, 1984 budgets.

#13 CORRECTIONAL INSTITUTION COUNSELORS

The Task Force acknowledges the great need for increased numbers of alcohol counselors in the correctional institutions. We recommend that funding come from a source other than the alcohol earmarked tax funds.

#14 REFERRALS

The Task Force recommends that the parole board, courts and other agencies who refer persons for alcohol or drug treatment by state-approved programs, pay or arrange for reimbursement as a condition of parole, for services rendered by the state-approved alcohol and drug programs.

It is recommended that the Department coordinate the achievement of this recommendation.

SUMMARY OF PROPOSED CHANGES IN THE LAW

1. Recommendation #2

- a) 53-24-211 MCA - County Plan to be submitted to Department.
- b) 53-24-204(2)(b) MCA - Powers and duties of Department.

2. Recommendation #5

- a) 33-22-703 MCA - Availability of coverage for mental illness, alcoholism and drug addiction.
- b) 33-22-704 MCA - Applicability.

3. Recommendation #7

- a) 16-1-404 MCA - License tax on liquor - amount - distribution of proceeds.
- b) 16-1-408 MCA - Additional tax.
- c) 16-1-411 MCA - Tax on wine.

4. Recommendation #8

513-1-413 MCA - Deposit of Payments.

5. Recommendation #9

53-24 Part 3 - Treatment of Alcoholism and Intoxicated Persons.

6. Recommendation #10

61-8-714 MCA - Penalty for driving while intoxicated.

TASK FORCE MINUTES

SPECIAL TASK FORCE MEETING ON
LONG RANGE PLANNING FOR ALCOHOLISM AND
DRUG ABUSE TREATMENT IN MONTANA

Minutes

The Special Task Force met on January 21, 1982, in the Department of Institutions Conference Room.

TASK FORCE MEMBERS PRESENT

Ron Hjelmstad
Jack Pollari
Ed Shepherd
Bill Spoja

TASK FORCE MEMBERS ABSENT

Representative Chuck Cuzzins
Commissioner Joan Van Diest
Joe Plumage
Mona Sumner
Commissioner Jack Whitaker
Representative John Vincent

GUESTS

Bob Keene, Francis Mahon Deaconess Hospital CDC, Glasgow
Harry Knowlton, Francis Mahon Deaconess Hosp. CDC, Glasgow
Howard Boxmeyer, Tri County Alcohol Program, Bozeman
Gary Gullickson, Gallatin Council on Health & Drugs, Bozeman
Lee Jaeger, Butte Indian Alcohol and Drug Program, Butte
Ken Anderson, Flathead Valley Alcohol & Drug Program,
Kalispell

DEPARTMENT OF INSTITUTIONS STAFF

Carroll V. South, Director
Bob Anderson
Darryl Bruno
Pat Emerson
Mike Murray

Due to the extreme inclement weather conditions and airplanes with mechanical problems, Task Force members called and asked to be excused from this meeting. Since a number of program people were in Helena and attended the meeting, along with four Task Force members, a general discussion of purpose was held.

Carroll South reviewed the two-page document entitled Alcohol and Drug Abuse Treatment Discussion Issues (enclosed) with those present. Questions that must be asked include: 1. why are there so many alcohol programs in Montana; what justification is there for continuing to have the large number of programs, apparently alcoholism treatment is a lucrative business because we continue to receive requests from private programs to provide treatment. The Department currently is receiving an extensive number of requests for state-approval and our philosophy is to ask those programs requesting approval to apply to the current approved local program and let the local program expand services rather than approve a new program.

2. Method of payment. The discretionary grant structure now employed by the Department of Institutions appears to satisfy no one and results in everyone criticizing the Department for the lack of money with which to fund local programs. It would appear to make more sense to implement a fee for service structure similar to what the Department has implemented for Mental Health, and be able to take paid claims to the Legislature to indicate the number of services we purchased with alcohol earmarked tax dollars.

3. Long term funding. Indicators received confirmed funding in FY83 will not be a problem. However, long term funding is a significant problem in that the alcohol earmarked tax is not keeping pace with the inflation rate. Currently Montana imposes a 26 percent state tax on the 40 percent markup of federal tax already on alcohol.

Some questions the Department feels should be asked by Task Force members that we will attempt to get answered are:

1. Are there county plans in other states and, if so, does the state approve them?
2. What are the percentages of private fee collections to the total budgets of alcohol treatment programs in sample states?
3. What are the percentages of private insurance reimbursement to the total budgets of alcohol treatment programs in sample states?
4. Type of funding in other states, i.e., General Fund, Earmarked?
5. Mechanism of funding in other states - subsidy or fee-for-service?
6. Organization in other states; individual programs or regions?
7. Does the state approve alcohol programs and certify counselors in other states? If not, who does? Can the state law allow or mandate certification and state licensing or approval?

8. What is the percentage of total clientele served in state-owned facilities in other states?
9. What is the client to professional counselor ratio in other states?
10. Do other states use federal funds to supplement on-going treatment activities or for special projects or components?
11. What percentage of state funds are used to fund Native American programs?
12. What are the client characteristics (sex, race, age, education, marital, employment, average monthly/yearly) for other states?

Task Force members may suggest additional questions that need to be researched and answered at any meeting.

Mr. South then opened the meeting up for questions and dialogue from those present. Bill Spoja requested that as a 13th question Task Force members receive a map listing existing alcohol and drug services in the state.

Jack Pollari commented the last legislature seemed to lack information on the services and types of programs that are available in Montana. He would like the staff to determine how other state offices PR their legislature with information about existing alcohol programs. He feels with all the information available to the alcohol information system almost any question a legislator would have regarding type and amount of treatment provided is available to be answered. Mr. South responded the state needs to better inform people what alcohol and drug treatment entails. The general public has a misconception that outpatient treatment is the same fellow receiving services from the state for a period of ten to fifteen years with periodic relapses from sobriety. Mr Pollari also stated that many people feel every community has two different treatment programs available and why do we need the funded alcohol program at all, if a trip to an AA meeting can take care of an alcoholics needs.

Mr. South suggested the alcohol and drug treatment field needs to develop a treatment services chart similar to the graphic example that is given to high school civics classes diagramming how a bill moves through the legislative process. He stated that the understanding problem is not unique in the field of alcohol but to all social services. The treatment field needs also to present a philosophy explaining why, with all the money going into social services, do we need separate contracted programs. Why isn't it possible to have a one-stop social service center meeting the needs of most of Montana's residents. People do not understand case-load information in that as the treatment field does a good job there are more people seeking services for alcohol

and drug rehabilitation. The ultimate cost question that has to be answered in view of the fact that the field competes for funding with highway construction and similar projects. Bridges and highways will be there for years but if the Department was given a million dollars to provide treatment what tangible net results would the funding provide. We need to present what needs to be done and explain that it is worthwhile. We need to print a document on the impact of alcohol treatment and the benefits to society rather than presenting generalizations that alcoholism costs billions of dollars nationally and causes a mass of problems.

Ed Shepherd asked Mr. South when he was a legislator what argument or justification he listened to for increased funding. With Mental Health in the last few years they can show impacts as a result of de-institutionalization; alcohol hasn't had that advantage. The field has traditionally argued that if you give us one million dollars we'll save you two million. If the legislature thought this were true they would gladly give the field ten million. There was general agreement in the discussion that a treatment flow-chart needs to be developed for the state and that tangible outcomes from treatment need to better be developed and presented. There was general discussion about how the insurance laws pertain to alcohol and drug treatment. There were questions concerning: 1) have the rates for group insurance increased as a result of coverage, and 2) what is percent of total group insurance sold in the state that provides coverage of alcohol and drug rehabilitation.

Discussion then centered on the current discretionary funding the Department contracts to some programs. Mr. South indicated that he has instructed Mike Murray to ask the Advisory Council to seriously consider having all discretionary money go to counties 85/15 in FY83 rather than continue granting discretionary funds as in the past. Half of the programs to date indicate that they would rather receive all their funding 85/15 and have the only planning document necessary a county plan. The Department is also aware that the other half of the programs in the state strongly disagree with this stance and want, and need, state discretionary grant funds to supplement their program budgets. It was pointed out the programs can't have it both ways. Programs must realize that if they want the county to have absolute control over local funds they must be prepared to take their lumps and not expect the state to continue to bail them out if they disagree with the county government. Lee Jaeger pointed out that three of the four funded Native American programs in the state have had difficulty getting county funding. Ron Hjelmstad indicated the fact that even in this type of weather program's attendance at this meeting indicated their interest in resolving the funding situation so that programs can concentrate on treatment and project a budget for more than a year at a time. There was agreement that the phrase local control has developed into a catchword and it is wanted only if programs agree what is going on locally if problems arise they want ADAD involved. There was also agreement that it is impossible under the present system to plan and project necessary growth in treatment services.

Mr. South thanked everyone for the open discussion that took place and their attendance at the meeting. He indicated that programs would be receiving minutes and agendas of Task Force meetings as they need to be aware of and informed of what the Task Force is doing. Discussion followed on next meeting date and by consensus it was agreed the next meeting would be Saturday, March 13, 1982, in Helena. The tentative agenda for that meeting will be Task Force members becoming acquainted with each other, selecting a chairman for the Task Force, establishing future dates for meetings, reviewing information compiled by Department staff in response to the questions posed.

Meeting adjourned at 3:30 p.m.

Submitted by Michael A. Murray.

SPECIAL TASK FORCE MEETING ON
LONG-RANGE PLANNING FOR ALCOHOLISM AND
DRUG ABUSE TREATMENT IN MONTANA

Minutes

The Special Task Force met on March 13, 1982, at 9:00 a.m. in the Department of Highways Auditorium, 2701 Prospect Avenue, Helena.

TASK FORCE MEMBERS PRESENT

Ron Hjelmstad
Joe Plumage
Jack Pollari
Ed Shepherd
Bill Spoja
Dr. Robert Van Horne
Representative John Vincent
Commissioner Jack Whitaker
Ken Anderson, representing Commissioner Joan Diest
David Cunningham, representing Mona Sumner

GUESTS

Andy Anderson, Lewistown Alcohol Program
Wally Callaghan, Park Co. Alcohol Program, Livingston
Thelma Dickinson, Musselshell Co. Alcohol Program, Ryegate
Royce Gilbertson, Lincoln Co. Alcohol Program, Libby
David Hutchison, Providence Center, Great Falls
Lee Jaeger, Butte Indian Alcohol Program
Jo Kaste, Boyd Andrew Service Center, Helena
Dennis Maercklein, Sanders Co. Alcohol Program, Thompson Falls
Steve Shumate, Missoula Alcohol & Drug Program
Meg Steinman, Ravalli Co. Alcohol Program, Hamilton
Roger Tippy, Attorney, Helena
Nancy Tunnickliff, Boyd Andrew Service Center, Helena
Mary Wright, Commissioners' Office, Great Falls

DEPARTMENT OF INSTITUTIONS STAFF

Michael A. Murray, Administrator
Elizabeth McDonnell, Secretary

Mike Murray called the meeting to order at 9:15 a.m. There was a short get-acquainted period with Task Force members and guests introducing themselves.

Mr. Murray told the members and guests that Representative Chuck Cuzzins had resigned from the Task Force, and Carroll V. South, Department of Institutions Director, will replace him with another Legislator in the near future.

At this time Mr. Murray called for election of Chairperson and Vice-chairperson. Dr. Van Horne nominated Bill Spoja for Chairman Pro-tem, seconded by Commissioner Whitaker. Mr. Hjelmstad moved the nominations for chairperson be closed and Mr. Spoja elected by acclimation, seconded by Joe Plumage, motion carried and approved. Nominations were then opened for vice-chairperson. David Cunningham nominated John Vincent. Dr. Van Horne moved the nominations be closed, and Mr. Vincent elected by acclimation, seconded by Mr. Whitaker. Mr. Spoja requested Mike Murray serve as secretary.

Mike Murray reviewed the Issue and Discussion paper, developed by the Department, with Task Force members. He explained the concern of the Department and Legislature with the large number of state-approved programs. The Task Force was asked to review existing service delivery systems and determine if a better alternative is available. Murray asked the Task Force to give serious consideration to Regionalization. He suggested through a regionalized approach staff and resources could be easily reallocated to meet needs as needs changed. He also requested the Task Force review the usefulness of the state having discretionary funds, if all alcohol funding were allocated 85/15 the counties would have real local control of treatment. The department also wanted the Task Force to review the County Plan requirement and evaluate the usefulness of the plan and also the possibility of a fee-for-service or slot cost for treatment. The Task Force should also review services offered and funding provided to reservation and urban programs serving Native Americans.

Earmarked taxes are based on volume and are not keeping pace with inflationary costs for long-range funding. The Task Force should discuss legislation for insurance coverage, if group health insurance should be mandatory. Programs should have a fee for service, but services should be available for everyone regardless of ability to pay.

The Department would like the Task Force to complete their work prior to Labor Day so any recommendations involving funding may be included in the executive budget if approved by the Director.

Mike Murray reviewed the thirteen questions developed at the last meeting and responses from the national questionnaire sent out. Everyone was given a copy of the questions and summary of responses from other states.

Mr. Spoja asked for specific priorities on items to be discussed by the Task Force. Jack Whitaker stated he has a problem with the concept of regionalization, locals lose control. He feels the programs are doing well on their own, and does not feel the money for programs should go into regional administration. Ed Shepherd said APM does not believe in regionalization, it didn't work before and it would not work now, we should take a lesson from history. Dr. Van Horne feels that programs fail due to lack of volunteers; maybe thought should be given to one regional center, with general local agreement, money would not go to administration but would

be given to programs on an equitable basis. Ron Hjelmstad said funding may get serious. He cited the North Dakota program structure, a disastrous situation; workers are being dropped, services being passed to social and family workers, alcohol is a low priority in competition for funds. He is worried about regionalization. Ken Anderson said he shared Ron Hjelmstad's thoughts. His main concern is alcohol treatment becoming insignificant with services falling under other Social Service Agencies. He thinks programs are doing well as is. David Cunningham fears lack of control and reduction in services, he feels third-party reimbursement is a real opportunity. Ed Shepherd said APM feels programs should be more self-supportive with third-party payments, etc., and not depend solely on the state for funding. Jack Pollari is opposed to regionalization but reiterated the Legislature feels there are too many programs. Representative Vincent asked the Task Force to keep in mind that legislators are not experts on alcoholism, they have a limited amount of time to acquire expertise and he feels the Legislature should hear directly from people opposing regionalization, but they should address the concept very carefully.

Ron Hjelmstad said regionalization did bring alcohol services to all 56 counties but now would reduce the number of programs. Commissioner Whitaker feels programs are now taking care of their own regionalization, as an example, Hill-Top with 7 counties already and with no big administrative costs. Ed Shepherd feels the programs are effective today. Mr. Vincent said maybe we don't need 31 programs, could Bozeman handle Livingston, or Livingston handle Big Timber; maybe the issue should be more consolidation than regionalization. Dr. Van Horne thought the Task Force should look at cost effective service for all.

Chairman Spoja asked if the Task Force wanted to table or further discuss regionalization. Representative Vincent asked that the Department state if they want time at the next meeting to come forth with a proposal on regionalization so the Task Force can resolve the issue. Mike Murray said the Department doesn't want to submit a further proposal other than the Discussion Issues given to Task Force members. Dr. Van Horne said there is no enthusiasm for the concept of a Regional Board, and they should look at reservation programs. Mr. Plumage said the reservations are against regionalization. Jack Pollari feels the money allocated to cities is unreachable by programs. Mary Wright said there is no mention of treatment in the law so money goes to prevention, police, transportation, etc., and said a percentage should be earmarked for treatment. Mr. Spoja asked the Task Force if they wanted to take action on the discussion thus far. Mr. Vincent suggested more discussion rather than a motion at this time and to keep available for consideration the concept of regionalization or consolidation. Dr. Van Horne said a fee structure should be addressed with a financial discussion.

Time lines for completion were discussed. The objectives and process for completion should be submitted by Labor Day. Jack Whitaker feels the Task Force should compile a list of things to be discussed, with input from local communities. Mr. Spoja appointed a committee consisting of John Vincent as chairman, Ed Shepherd, Joe Plumage and Jack Whitaker, with Mike Murray as the resource person. The committee will compile a list of tentative things to be dealt with.

Mr. Vincent wants a mailing list of interested persons, and urged everyone not to relax on regionalization but to go on. Mr. Spoja urged all to get acquainted with Legislators and get their ear, talk to them about these matters. Mr. Vincent solicited information, which would be sent to Mike Murray at ADAD, then compiled. The material will be due by April 2, the committee will meet in approximately one month.

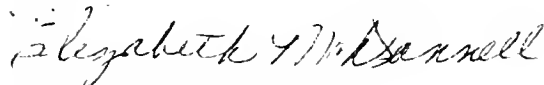
The tentative schedule for Task Force meetings is:

April 17,
May 15,
June 18,
July 16,
August 20.

The April 17, 1982 meetings will be at 9:00 a.m., tentatively at the Highway Building auditorium.

Chairman Spoja adjourned the meeting at 11:30 a.m.

Submitted by



ELIZABETH McDONNELL

SPECIAL TASK FORCE MEETING ON
LONG-RANGE PLANNING FOR ALCOHOLISM AND
DRUG ABUSE TREATMENT IN MONTANA

Minutes

The Special Task Force met on April 17, 1982, at 9:00 a.m. in the Department of Highways Auditorium, 2701 Prospect Avenue, Helena.

TASK FORCE MEMBERS PRESENT

Ken Anderson (Representing Commissioner Joan Diest)
Ron Hjelmstad
Representative Jack Moore
Jack Pollari
Edwin Shepherd
Bill Spoja, Chairman
Mona Sumner
Dr. Robert VanHorne
Representative John Vincent
Mary Wright (Representing Commissioner Jack Whitaker)

TASK FORCE MEMBERS ABSENT

Joe Plumage

GUESTS

Dick Baumberger, Helena
David Cunningham, Rimrock Foundation, Billings
David Hutchison, Providence Center, Great Falls
Jo Kaste, Boyd Andrew Service Center, Helena
Roger Tippy, Attorney, Helena

DEPARTMENT OF INSTITUTIONS STAFF

Michael A. Murray, Administrator, ADAD
Elizabeth McDonnell, Secretary, ADAD

Bill Spoja called the meeting to order at 9:20 a.m. He asked Mike Murray to introduce Representative Jack Moore as the new member of the Task Force, replacing former Representative Jack Cuzzins who has resigned. There was a brief get-acquainted period with Task Force members, guests and Institutions staff introducing themselves. Mr. Spoja welcomed Representative Moore to the Task Force.

The panel took a few minutes to review Representative Vincent's written Priorities Committee Report.

Chairman Spoja asked if there were more issues from programs. Mona Sumner said consolidation of drug/alcohol programs would be one issue to be looked into, along with sliding fee scales, insurance payments, and the panel should look at all avenues possible for generating money, and funding. Chairman Spoja said insurance should be a separate issue. The Panel stated they would like to review a copy of the recommendations for insurance from the Legislative Council. Mona Sumner said she would like to review the rules and regulations of the Department of Institutions. Mike Murray said he would get copies of the new rules and regulations for the panel to review.

Representative Vincent asked about the feasibility of a longer treatment program at Galen, could the length of treatment be more flexible if appropriate? He said that all payments to Galen revert to the general fund and he feels the money would be more appropriate allocated to alcohol treatment. Representative Vincent also asked for more responses to the issues and said the Panel should set parameters for the Task Force so they would not be doing more than what they were originally designated to do. Ron Hjelmstad said insurance and client fees are within the funding categories; structure and funding are the main issues to be studied by the Task Force. Ed Shepherd feels that the Legislature should be educated in alcoholism funding and treatment. Dr. VanHorne said there should be uniform types of alcoholism programs, should ADAD's role be eliminated, or should the Division have full authority. What is the role of the state and/or counties?

Chairman Spoja said Issue #1, Regionalization, had been disposed of. Motion was made by Jack Pollari that the concept of regionalization in terms of huge multi-county programs be done away with; however, consolidation of small programs continue to be considered, along with regional planning. Seconded by Dr. VanHorne, motion passed.

Chairman Spoja asked that the single issues on the list be brought into prominence or disposed of. Representative Moore said he had a problem with item #5, transportation of low income clients to and from treatment. He is not in favor of this, and feels it should be left to the discretion of the programs. Jack Pollari feels that programs can always find some sort of transportation for clients and said they should dispose of this issue. Representative Moore made the Motion to remove and dispose of item #5 as a single issue, seconded by Jack Pollari, motion passed.

Chairman Spoja suggested the Panel work through the list of single issues, deal with Issue #1 later in depth. Issue #1, concerning Native American programs was left in as an issue to be dealt with. There was discussion on the funding of the urban Indian programs. Mr. Murray said there are two urban Indian programs in the state, Butte Indian Alcohol Program and Missoula Indian Alcohol and Drug Program.

Issue #2, state-approval for private treatment programs, Mike Murray said some programs are inspected for life safety through the Health Department, but the Montana Physicians Service (Blue Shield) does not approve payment to programs that are not state-approved. Ed Shepherd said he feels #2 should be left as an issue to be discussed further.

Issue #3, continue County Plans, is a possible way for consolidation of programs. Representative Moore stated Issue #3 should be left in for further discussion.

Issue #4, leave beer and wine tax as is, Roger Tippy said the structure of the wine and beer tax should be left as it is on a dollar basis rather than a percentage basis, an ad velorum tax would not be appropriate. David Cunningham said he would hate to see taxes go up. Representative Moore said it is up to Legislature to raise taxes; prices would have to be raised to show a profit. He feels the city tax money should be earmarked for alcohol programs rather than for law enforcement. Question was asked if liquor tax is the same as the wine and beer tax. Roger Tippy said the liquor tax is different than the wine and beer tax. Representative Vincent said the Panel should not foreclose on the option to increase the tax; he feels wine and beer taxes are sources of probable income, should be included in the package of sources of funding issues. Mona Sumner felt the issue should be addressed. Representative Vincent's number one preference is third-party payments. Roger Tippy agrees the issue of structure stay but could the ad velorum tax be disposed of? Representative Moore made the motion to add the word "structure" to issue #4 "Leave wine and beer tax as is." Dr. VanHorne seconded the motion adding that the city consider earmarking that money. Representative Moore amended his motion to add city and county earmark a certain portion of that money for alcohol tax, and to leave the proportion up to the Legislature. Dr. VanHorne seconded the amendment to the motion. Mona Sumner wondered if this is still an issue to discuss. Chairman Spoja said the rate of taxation, not the structure, is open to discussion. Mona Sumner encouraged the group to look at all considerations of funding; to leave issue #4 open. Chairman Spoja asked Representative Moore if he wanted to leave the wine and beer tax structure as is. Representative Moore made the motion to leave the wine and beer tax structure as is, seconded by Dr. VanHorne, motion carried, Issue #4, Leave wine and beer tax structure as is.

Mona Sumner said she feels issue #6, increase drug treatment capacity at Galen/Lighthouse, is premature and not a function of this committee. Ms. Sumner made the motion to eliminate issue #6. Seconded by Representatives Moore and Vincent, motion carried.

Issue #7, concerning the Justice Department's Forensic Laboratory, Representative Moore said this item should be eliminated from the list of single issues as it should be left to the Legislature to fund and recommended earmarked money not be used for this purpose. Mona Sumner said this should be left open for discussion. Ron Hjelmstad said the \$80,000 that goes to the laboratory could go to treatment.

Issue #8, fund correctional counselors with general funds, Representative Moore made a motion to eliminate this item as counselors are part of the statewide alcohol program and should be funded by earmarked funds. Ms. Sumner said this is a program issue not a funding issue, and suggested Institutions look at the effectiveness of the counselors. Seconded by Dr. VanHorne, motion passed. Representative Vincent feels the issue of counselors is special enough to justify and should be incorporated into the general funding of the Department of Institutions. Representative Moore asked how they are now funded, where they are located and how many are employed. He said the Legislature should take a hard look at this issue. Representative Moore made a motion to withdraw his motion, seconded by Mona Sumner, motion carried.

Motion was made by Ms. Sumner to strike issue #9 (increase number of substance abuse counselors at the prison). Representative Moore seconded the motion. Representative Vincent and Chairman Spoja recommended the Department look into issue #9. Motion carried, passed.

Motion was made by Ms. Sumner that issue #10 (eliminate the state operated drug clinics) as it stands now be struck, but to look into a different structure for them under organization. Representative Moore said he would like to retain #10. Ms. Sumner withdrew her motion.

Jack Pollari said issue #11 is not an issue and should be a community decision, issues #11, 12, 13, and 14, are not issues for the Task Force but should be left to the communities. Representation Moore took exception to issue #11 and feels that the Minors In Possession project is a good program, and that there is a need for half-way houses, issue #12. There was a recommendation that the Department look at the cost effectiveness and the most efficient way to fund these programs. Chairman Spoja recommended all four issues be left for further consideration. Representative Moore suggested they make a broad recommendation on these. Dr. VanHorne said a recommendation should be made to the Advisory Council for their consideration. Chairman Spoja directed the Panel to make a general recommendation to the Advisory Council. Mary Wright said there should be more input from the communities. Ed Shepherd asked Ms. Wright or Representative Moore to bring back some results of the Community Task Force meeting from Great Falls.

Chairman Spoja said the Task Force had created a fifth category under 2(b) - Issues to be discussed at the May 15 meeting: 1) role of the state and counties; 2) program structure and organization of service providers; 3) funding; 4) insurance; and 5) client fees. Mona Sumner made the motion that these five general categories, along with items 10-14 and the need for extended treatment at Galen, be presented to the Advisory Council for their consideration; seconded by Representative Moore, motion carried, passed.

Jack Pollari said there isn't a place in Montana for people no longer able to function on their own, and something should be done about extended care. Ms. Sumner asked if Galen should be considered for this. Ron Hjelmstad said that some flexibility does exist in the 28 day program; but there is a need for long-term treatment from 6 months to 1 year. Representative Moore said that long-term clients are treated at the Galen hospital. Ms. Sumner said a long look should be taken at the role of Galen, maybe some recommendations could be made. Representative Vincent requested the Department look at the need for extended care and give Galen some consideration.

Representative Moore said that in discussing roles of funding the Panel should include any and all sources of funding: third-party payments, fee for service, etc. Ron Hjelmstad said not to short-change the programs, the demand for services is far more than money allows. Programs cannot provide some services for lack of money. Ed Shepherd said they should look at the sources and not allocations.

Chairman Spoja said the Task Force should divide into two sub-committees to look into some of the issues before them; #1 - Organization and #2 - Funding. Representative Moore said that funding for state programs could only go through the next biennium, June 30, 1985. Chairman Spoja said they could make recommendations beyond that date. Some of the items to review are: existing sources for funding such as federal, state, wine/beer tax, allocations, carry-over funds (allocations). Roger Tippy said the Panel should examine the degree of compliance with the 1979 Insurance Law covering alcohol treatment. Mona Sumner said they should try to secure the level of current funding for programs including Native Americans.

The Funding Sub-committee is charged with: 1) all possible and known sources of funding; 2) earmarking of funds (city and towns); 3) fee for service, Galen, etc.; 4) possible grants; 5) local inputs, public not private sector, various mechanisms; 6) third-party insurance; 7) non-profit organizations vs. state operated; 8) program structure; 9) conversions of earmarked funds, Galen, Forensic lab; and 10) establish revolving account at Galen instead of money going to the general fund. Also, investigate what kinds of funding are necessary to keep programs operational over the next several years; address inflation factors or build in improvements and quality.

Representative Vincent said recommendations will be given to the Task Force from the sub-committees. Representative Moore said he does not want increased mileage in the recommendations.

The Organization Sub-committee is charged with: 1) role of states and counties; 2) study the network of existing system; 3) any cost savings in role of cities, towns, counties; state and local relationship, elimination of regional programs, cost effectiveness; 3) duplications, look at satellite programs. Mr. Tippy said Issues #10-14 should be prioritized, Ms. Sumner said the committee should deal with the systems issues. 4) what should the future system look like and the most appropriate role for states and counties if consolidation did happen; Mike Murray said the role of the division should be considered by the Task Force; 5) county plans; plans are mandated by law, should the law be revised to project further, would it be more cost-effective to amend the plans yearly. Ron Hjelmstad said he objected to County Plans as it now stands, he feels there is too much duplication. Ms. Sumner said the administrative costs should be examined. Mike Murray reminded the Task Force that 4.5% of the liquor tax goes to counties for administration, including preparation of the plan. 6) some indication of the role of Galen. Representative Moore said Galen is the appropriate place to take care of indigents, Ms. Sumner said that role has been changed to in-patient programs. Jack Pollari said perhaps local programs could take care of indigents and be reimbursed for this care. Mr. Shepherd said this problem seemed to be tying into Issue #2 and the committee should proceed cautiously.


The film "I'll Quit Tomorrow" was shown to the members and guests of the Task Force to acquaint them with the beginning phases of alcoholism, problems, intervention and treatment of the disease.

Chairman Spoja assigned Representative Moore (Chairman), Ron Hjelmstad, Mona Sumner, Commissioner Whitaker, and Joe Plumage to the Funding Sub-committee. Members of the Organizational Sub-committee are Representative Vincent (Chairman), Ken Anderson, Dr. VanHorne, Ed Shepherd, and Jack Pollari.

The next meeting of the Task Force will be Saturday, May 15, 1982, at 9:00 a.m. at the Department of Institutions. The sub-committees will meet at 7:00 p.m. on Friday evening, May 14, 1982, at the Department of Institutions.

Chairman Spoja adjourned the meeting at 2:35 p.m.

Respectfully submitted


Elizabeth McDonnell

SPECIAL TASK FORCE MEETING ON
LONG-RANGE PLANNING FOR ALCOHOLISM AND
DRUG ABUSE TREATMENT IN MONTANA

Minutes

The Special Task Force met on May 14-15, 1982, at 7:00 p.m. in the Department of Institutions Conference Room, 1539 11th Avenue, Helena, Montana.

TASK FORCE MEMBERS PRESENT

Ken Anderson (Representing Commissioner Joan Diest)
Ron Hjelmstad
Representative Jack Moore
Jack Pollari
Edwin Shepherd
Bill Spoja, Chairman
Mona Sumner
Dr. Robert VanHorne
Commissioner Jack Whitaker

TASK FORCE MEMBERS ABSENT

Joe Plumage
Representative John Vincent

DEPARTMENT OF INSTITUTIONS STAFF

Robert Anderson
Darryl Bruno
Michael A. Murray, Administrator
Elizabeth McDonnell

GUESTS

Gerald Boulter, 7 Nations Indian Awareness Group, Great Falls
David Cunningham, Rimrock Roundation, Billings
Martin Erickson, Great Falls Council on Alcoholism
David Hutchison, Providence Recovery Center, Great Falls
Tony Kranitz, 7 Nations Indian Awareness Group, Great Falls
Joyce Ovind, Problem Drinking Center, Livingston

Chairman Spoja called the meeting to order at 7:00 p.m. and asked the members if they wanted to accept the minutes of the last meeting as submitted. Representative Moore moved to correct the spelling of former Representative Cozzens name in the last minutes. Motion to accept the minutes with correction was made by Commissioner Whitaker, seconded by Dr. VanHorne, passed.

Chairman Spoja asked the sub-committees to meet together Saturday at 8:30 a.m. Representative Moore asked if the Task Force would meet as a whole or immediately go back into sub-committees. Jack Pollari questioned if they would be able to finish in one evening. Chairman Spoja said they would meet as one committee Saturday and if business was not finished they would again meet as sub-committees.

The Task Force adjourned into sub-committees.

Chairman Spoja reconvened the meeting at 8:30 a.m. Saturday, May 15, 1982, and asked the members if they would again like to meet as sub-committees. Representative Moore said they did not need to but he would like to ask Carroll South about reallocating drug slots and a Department study of State Drug Clinics. Dr. VanHorne said it was not necessary to meet in the smaller groups.

Representative Moore gave a brief review of the known sources of revenue taken from the list developed for him by the Department, which included, with some discussion: DUI lab; it may be possible to increase DUI fines to support the lab; fees collected for treatment at Galen now go back into the general fund, perhaps they could revert this money to an earmarked account, however, they do not want to establish another revolving account. Medicaid; very few treatment centers now participate in Medicaid. Standard fee-for-service is the best new source for additional revenue. A recommendation could be made to the Department to set a statewide minimum standard fee-for-service based on a percentage of the total income of an individual. Mona Sumner gave the sub-committee copies of the Minnesota statutes for insurance, and said it could be used as a guideline for a Legislator to carry the bill in the next session for standardization of Montana's laws.

Mona Sumner asked for clarification on the counselor at the state prison. Ron Hjelmstad said 75-90 percent of the prison population are in need of alcohol/drug treatment and this money should be part of the prison budget, and not come from alcohol earmarked money. Representative Moore said the prison budget is tight and at the Special Session in June the Legislature is going to be asked for more general fund money. By the August meeting there should be more information on how to pay the counselors at the prison. Chairman Spoja asked if news about the prison will effect treatment of the prisoners. Representative Moore said there are several alternatives to the problem at the prison, i.e., minimum security housing at Glasgow, reuse old prison, more half-way houses, or bunkhouses now on the prison ranch property, with a screening process to see what best can be done for the prison population.

Representative Moore asked for more funding comments from committee members. Commissioner Whitaker asked about the minimum fee for service. Ken Anderson said some people cannot pay, that even \$1 is too much. Jack Pollari said a standard minimum fee would be good if it is a reasonable amount, not just \$2, but more.

Representative Moore said most options would require changes in the laws and asked for members to study and come up with more options for the Legislature.

Mona Sumner asked what purpose the Forensic Lab is serving. Chairman Spoja said some communities do not have sufficient resources to perform the specific duties of the lab. Ron Hjelmstad said the Lab is purely a law enforcement exercise and should not be funded from alcohol and drug funds. Ed Shepherd said the only alcohol function is for DUI laws. Representative Moore concluded his report.

Ron Hjelmstad said before the earmarked tax can be implemented some items on the list did in fact provide payment for treatment; the tax is not large enough to cover all people and agencies should pay part of the amount for treatment. Chairman Spoja said they should look at reimbursement for individual clients; a minimum standard fee for welfare clients. Mary Wright said the Task Force should look at commitment laws to force Welfare to pay for treatment. Ron Hjelmstad said the agencies should be re-educated as to cost and provisions of treatment. SRS pays to put youth in homes, but will not pay for alcohol treatment while in the home. Dr. VanHorne said future funding is based on fee-for-service and programs will have to realize they must charge. Chairman Spoja said the Advisory Council can act on suggested charges at their meeting next week.

Ron Hjelmstad said one specific recommendation the Task Force could make would be some reinforcement to the program for service from the Corrections Division after the need for treatment has been established. Medicaid pays for other medical services, such as diabetes etc., and they should be paying for alcohol/drug treatment.

Motion made by Jack Pollari to recommend to Carroll South that people on probation/parole be responsible for payment for alcohol and drug service, seconded by Dr. VanHorne, passed.

Motion made by Jack Pollari that the fee-for-service issue be looked at closely by the Advisory Council in awarding discretionary funding to programs that will not implement fees for service, seconded by Representative Moore, passed. The Task Force will support the Alcohol and Drug Abuse Division in that area. Chairman Spoja said a committee should be set up to train programs on how to collect fees for service. Chairman Spoja read a letter from Wally Callaghan, Director of the Problem Drinking Center in Livingston, explaining why the Problem Drinking Center has not implemented a sliding fee scale. Mike Murray said several programs feel the fee for service is more work than it is worth. Ken Anderson said more people who pay a fee for service have a better recovery rate as motivation is higher; members of the Task Force agreed.

Commissioner Whitaker introduced Gerald Boulter and Tony Kranitz from the 7 Nations Indian Awareness Group. Mr. Boulter said that the 7 Nations wanted to establish a store-front place for Native Americans to educate them and make them aware of programs available for treatment. Mr. Kranitz said 7 Nations is directed to Native Americans and other minorities, they do agree with the fee for service, and get better responses if individuals are responsible for their treatment. Mr. Kranitz said they hoped to have a craft shop for genuine Indian arts and crafts, and hope to get into a transitional living house; Indians are not trained to make it in society. Chairman Spojka encouraged 7 Nations to work with the Alcohol and Drug Abuse Division and the Advisory Council more, however, it does give the Task Force a better insight into some of the problems faced by Native Americans.

Mary Wright said most money goes to tribes on reservations and not to urban Indians. Representative Moore said block grant monies do go to tribes and are deducted from the state total.

Martin Erickson said he felt the Task Force was not looking at the real problem and neither was the Advisory Council. He said he felt they should try to reach people before they have their problem and said prevention should be stressed. Jack Pollari said he felt Mr. Erickson had not been to earlier meetings and was not fully informed.

Chairman Spojka asked Ken Anderson to give the Organizational sub-committee report. Mr. Anderson said that regionalization had been dismissed previously; the role of the state, counties and cities should be defined. The role of the state should be monitoring, approving or disapproving programs, provide training, maintain the reporting system, have a Legislative liaison for programs in the field; role of the counties, 4.5 percent tax monies revert to treatment and rehabilitation in 85/15; role of cities, percentage of earmarked tax monies to programs; the consensus of the sub-committee was that the cities should set aside an earmarked portion for prevention/rehabilitation. Assessment of state drug clinics, integrated under alcohol or drug program with one administration. Representative Moore said he wanted to wait and talk with Mr. South about this. Mona Sumner said she would like Carroll South to come to the next meeting and explain his plan for the drug clinics. Chairman Spojka asked Representative Moore to talk to Mr. South and report to the Task Force.

Ken Anderson passed maps around and explained the concerns of program people about consolidating. Representative Moore asked if satellites would be more effective than regionalization or consolidation, with ADAD the central office. Bob Anderson explained the county commissioners must be re-educated for consolidation. Mary Wright said perhaps contracting for services with other counties would be more effective than consolidation. Representative Moore said ADAD should be in charge of this, and asked Bob Anderson to develop figures to see if it is cost effective. Ed Shepherd asked about ownership of county tax monies. Mike Murray said counties are limited to what they can do

with the monies. Dr. VanHorne requested the Department come up with a resolution to this problem. Mona Sumner feels the Task Force should make recommendations to the Department as charged and feels the Task Force could make a good and reasonable report to the Legislature. The consensus of the Task Force is that programs should generate more money themselves. Representative Moore said they could cut back on programs to become more cost-effective. There would be a need for more counselors but the counselors could accomodate more clients. Chairman Spoja recommended that no small single county stand by itself, and to mandate to the Department some jointure of counties. There was a general recommendation that the counties pick their own partners for consolidation. Representative Moore said to recommend to the Department what the Task Force thinks should be done and let the Department set the policy, and charged Bob Anderson with getting budget information on counties to see if it would be cost-effective to combine counties. Chairman Spoja asked Mr. Anderson to get the information and bring it to the next meeting. Ron Hjelmstad said he would like to have the information sent before the next meeting.

Ken Anderson said County Plans should be revised and updated yearly. Ron Hjelmstad said he is opposed to County Plans; they are a waste of time and can see no redeeming feature; too much duplication. Ken Anderson said the County Plans are justified in the grant review process for county money. Bob Anderson explained State Plans were implemented via federal requirements that are no longer in force. He said the state should develop a longer-term plan with perhaps a letter of intent from the counties to ensure community input; any changes could be addressed in a letter of intent, but it would take legislative action to eliminate the County Plan. Ken Anderson asked for the general consensus of the committee. Representative Moore recommended the Legislature be asked to amend the law. Representative Moore made a motion to recommend the Department take the necessary action to amend the Legislative bill in regards to elimination of the County Plan and the State Plan requirements, seconded by Commissioner Whitaker, passed.

Ken Anderson asked for complete alcohol and drug budget information, and information on all alcohol and drug FTEs at Galen; and federal and state monies received by Native American programs. Representative Moore said the Galen budget items were carefully scrutinized by the Legislature before the budget was approved. Ken Anderson said long-term treatment at Galen should be addressed. Dr. VanHorne asked Mike Murray if extended care needs documentation would be presented to the Advisory Council meeting on May 21-22, Mike Murray said it would. Ed Shepherd recommended the Department look at the Lighthouse Drug Program and have budget and FTE data for the next meeting. Jack Pollari asked if the cost for Lighthouse is justified, is there a need for the program and are there options for treatment.

Chairman Spoja asked Mike Murray to remind the Task Force of their original charge. He reviewed Carroll South's charge in members appointment letters and the original issues discussion draft. Mona Sumner recommended the Task Force make the next meeting one for finalizing the recommendations. Mike Murray said there should be a more definable work plan for the next meeting. Chairman Spoja recommended preparing a draft report on funding and organization and finalize it at the next meeting. Mona Sumner asked each sub-committee to send their reports to ADAD for compiling into a final report. Mike Murray recommended the June meeting be one for formalization of recommendations and the public hearing be moved to the July meeting.

Thursday, June 10, 1982, was set for the work session and finalization of recommendations at 8:30 a.m., in the Conference Room at the Department of Institutions. Mike Murray recommended the July meeting be held on July 15-17, and eliminate the August meeting. That meeting will begin at 9:00 or 10:00 a.m. on July 15, with a hearing, and that afternoon and July 16 (July 17, if necessary, be used) to write the final report.

Chairman Spoja adjourned the meeting at 12:20 p.m.

Respectfully submitted:

A handwritten signature in cursive script, reading "Elizabeth McDonnell".

Elizabeth McDonnell, Secretary

SPECIAL TASK FORCE MEETING ON
LONG-RANGE PLANNING FOR ALCOHOLISM AND
DRUG ABUSE TREATMENT IN MONTANA

Minutes

The Special Task Force met on June 10, 1982, at 8:30 a.m. in the Department of Institutions Conference Room, 1539 11th Avenue, Helena, Montana.

TASK FORCE MEMBERS PRESENT

Ken Anderson (representing Commissioner Joan Diest)
Ron Hjelmstad
Representative Jack Moore
Joe Plumage
Jack Pollari
Edwin Shepherd
William Spoja, Chairman
Dr. Robert VanHorne
Commissioner Jack Whitaker

TASK FORCE MEMBERS ABSENT

Mona Sumner
Representative John Vincent

DEPARTMENT OF INSTITUTIONS STAFF

Michael A. Murray, Administrator
Elizabeth McDonnell, Secretary

GUESTS

Lee Jaeger, Butte Indian Alcoholism Program, Butte
Roger Tippy, Attorney, Helena
Mary Wright, Great Falls

Chairman Spoja called the meeting to order at 8:35 a.m. and asked the members if they would accept the minutes of the last meeting as submitted. Representative Moore moved to accept the minutes as submitted, seconded by Dr. VanHorne, passed.

Chairman Spoja said the first item on the agenda was a report from Dr. VanHorne on the Advisory Council meeting. Dr. VanHorne said there were five items that had been directed to the Advisory Council; #1, the need and desirability of the State to encourage the communities to start Minors in Possession programs was approved in the form of a motion "...the Advisory Council urge state-approved programs in communities, cooperating with school boards and juvenile courts, develop MIP programs..." #2, the need for more halfway houses or transitional living facilities, especially for women

and youth, "...moved the Department and Division discourage the development of additional Transitional Living Facilities, until such time as the utilization justifies the staff bring a proposal back to the Council for consideration..." #3, to encourage communities to sponsor more Community Intervention workshops; there was a motion to the effect this be approved, and the Advisory Council hoped that ADAD could develop a model which could be used to put on workshops at a reasonable fee for a maximum number of people; #4, to provide or develop more training for alcohol or drug counselors, there was a feeling this was a desirable idea and a motion was made "...to encourage the Division to continue training as necessary to meet the needs of counselors in the field as has been provided this past year..." and #5, proposal for extended care at Galen; there was favorable inclination but, pending data from the Department, the Council decided not to make a motion at this time and to hold it in abeyance until the data is received. When asked if there was any discussion, Jack Pollari said he would like clarification on the Community Intervention point. Mike Murray said that it would have some similarity, without Learning Labs, to Community Intervention, Inc., but that the \$30,000 per community for a workshop would stay in the community. This concluded Dr. VanHorne's report.

Chairman Spoja said the second item on the agenda was a report by Representative Moore on a department internal drug review. Representative Moore requested each Task Force member be given a copy of the report. He explained the report concerns the rationale of funding for the drug treatment services with three options. Option A would allow the drug program to remain as it is now with a shift of treatment slots; Option B would show only one major change in operations, the consolidation of the Butte and Anaconda clinics; Option C would completely eliminate the state clinics and all drug services would be contracted to local community alcohol programs in that area; contracts would have to be with county governments in Butte and Anaconda. Representative Moore said he would like to see the Task Force recommend to the Department implementation of Option C, as he would like to see some standardization in the alcohol and drug programs throughout the state. Ron Hjelmstad said it appeared to him there was a 4th option, and that is to incorporate the alcohol and drug programs as most of the alcohol programs in the state are in fact chemical dependency programs now. Dr. VanHorne said in recent meetings they had strongly discussed the feasibility of requiring the unification of these programs. Mike Murray said he would like some time to develop a 4th option as there are still federal requirements on the block grant monies. Representative Moore said option 4 may be a viable option to be considered at a later date. Task Force members agreed to delay adoption of a recommendation until the next meeting after they have had the opportunity to review the 4th option.

Item 3 on the agenda was the recommendation work sheets. Mike Murray said he had tried to go through the minutes of the previous meetings and put in one line items that had not been disposed of. The only

item not on the work sheet was the development of a five or ten-year plan; the law now requires an annual state plan (53-24-204(2) (b) MCA). The consensus of the Task Force members is that the annual plan is repetitious, not cost effective and a short addendum would serve the same purpose. On the worksheet under Organization item #1, the consensus of the members was there was no problem with developing either a five or ten-year plan. #2, County Plans should be written regionally, had already been discussed in a previous meeting, and recommendations made. Chairman Spoja said his recommendation would be to eliminate paragraph b; regional county plans updated every two years to become part of the State Plan. Item #3, State should provide training opportunities so individuals interested in working in the field can be certified; both the Task Force and Advisory Council have looked at this and no further action has to be taken. #4, State should approve all alcohol programs, public, non-profit and for-profit; Representative Moore said the State should approve all alcohol programs, public, non-profit and for-profit; approval by the State and JCAH tied directly into insurance laws. Ron Hjelmstad said he would like the Task Force to make a very strong recommendation that the State adopt language and insert that into the State insurance laws rather than referring to JCAH approval, language that states instead approval by the Montana Department of Institutions, Alcohol and Drug Abuse Division. Chairman Spoja said the approval should be contingent upon the ADAD approval rather than any other criteria. Chairman Spoja asked how the members felt about ADAD and Mental Health getting together to recommend legislation for this purpose. Ed Shepherd said to be very cautious in that the language should be very specific so the Alcohol and Drug Abuse Division retain their identity and that Mental Health do the same. Chairman Spoja asked Mr. Tippy if he would get a letter to him about his thoughts on this. Mr. Tippy said he could get a draft to him. Mr. Murray said he did not know if the Administration would want to sponsor the bill but he would find out. Representative Moore said this would be a cost saving measure to the State. Chairman Spoja said the Task Force should look at mandatory nature of coverage and a simplified approval or process by which payment would be required by the insurance companies. Mr. Shepherd said he might suggest APM take it upon themselves to provide Mr. South with enough information with which to approach Dr. Drynan to write into their legislation approval for alcohol treatment centers; so moved by Representative Moore, seconded by Ron Hjelmstad, passed. The motion was made for the Department to make the necessary changes between ADAD and the Health Department definitions, and the Task Force is asking the APM for their input to give Mr. South and Dr. Drynan some assistance with this. Mr. Murray said it was also his understanding that APM can require an Administrative Hearing within 60 days of making a petition. The motion was carried unanimously. Representative Moore made the motion that the State approval all alcohol programs within the state; public, non-profit and for-profit, and that all comply with all regulations, rules and laws. This would include every program whether they received State monies or not. Mike Murray said that if this applied to for-profit it would require a change in the

law for third-party payments. Representative Moore said it must be mandatory for the State to approve all programs in the state, mandatory meaning anyone wishing to participate in state-funding or insurance payments, and also tying approval into the certification process. Seconded by Ed Shepherd, carried.

Under the local organization on the worksheet Chairman Spoja asked if there were any comments or discussion. On Item #1, should some alcohol programs combine; Jack Pollari said that it was discussed at the last meeting, that some programs should combine but the programs should decide with whom to combine. Representative Moore said he is satisfied with the jointure of the programs and feels it should be left to the discretion of the local government. Ed Shepherd said in some cases it would not be fiscally expedient to combine. Chairman Spoja said they would not speak in any mandatory language and leave it as it now is, to encourage the County Commissioners and the providers to take a close look at their programs and see if it would be more cost efficient or if they could give a better quality of service to combine.

Item #2, should the state contract all drug treatment services and close state clinics; Representative Moore said he would like to have this left for consideration until next month as it was a fairly new item to the Task Force.

Item #3, should county administrative money be earmarked for development of county plans; Mary Wright said she thought this money should remain at the county level. Ken Anderson made the motion that the administrative 4.5% be earmarked for treatment and rehabilitation, seconded by Ed Shepherd. Representative Moore said it should be left to the discretion of the counties. Ed Shepherd said the 4.5% should be standardized throughout the state. Ron Hjelmstad agreed. Ken Anderson rephrased his motion with seconds concurrence that the counties shall establish a cost for administering the county alcohol funds that they receive, the balance of that be contracted to the state-approved program serving that county. Jack Pollari said that right now he gets all the county money and Representative Moore said they should leave this issue alone, that it might help some programs and hurt others. Chairman Spoja called for vote, the motion was defeated.

Under Method of Payment-funding, Item #1, the Task Force agreed that the State should continue to have discretionary funds. Ken Anderson said he would like stronger criteria for receiving discretionary funding, such as fee for service and third-party payments. Ed Shepherd said he would like the Task Force to make a recommendation in terms of local programs working toward becoming self-sufficient. Chairman Spoja said Mike Murray could carry that to the Advisory Council.

Representative Moore said most of the other items had already been covered and all were agreed on these subjects. Item #6, should the Task Force adopt a recommended fee schedule, he said the Task Force should recommend the fee schedule. Jack Pollari agreed. Representative Moore said he would like to defer until next month the matrix for the sliding fee scale.

Joe Plumage asked for clarification on the Forensic Lab. Representative Moore said they were agreed that another source of income should be found to fund the lab. Representative Moore said he felt the DUI fines should be increased and that portion of the increase will then help fund the lab.

Chairman Spoja read a prepared statement from Roger Tippy on Long-term funding, as written here:

"Comments re Long-Term Funding issue #3: Beer and wine wholesalers would basically support some additional restrictions on cities' use of earmarked alcohol taxes.

The concern is that complete reallocation of these funds (\$1.2 million a year to all the cities and towns) to State-approved treatment and rehab programs will cause the League of Cities and Towns to lobby for replacement taxes on beer and wine to restore lost revenue to police departments, etc.

I question whether the programs are ready to absorb additional revenues in that magnitude next year.

Would prefer a recommendation that a fraction, like 1/4, of the cities' money must be contracted to treatment programs.

Alternative: that existing loose language on cities' permissible uses for money be tightened, such that police dept. work actually related to substance abuse could be funded, that references to "public health" be replaced with more specific references to substance abuse programs and activities."

Under Long-term funding on the worksheet Item #1, should Galen collections for alcohol treatment go back to earmarked fund, the Task Force all agreed that legislation should be prepared for this purpose. Item #2, Liquor tax ratio is inappropriate of the 26% tax, percent to go to the general fund, percent to go to the alcohol earmarked fund, Representative Moore said this should be left as is. Item #3, Liquor, wine and beer tax received by cities; should a percentage be earmarked for treatment and prevention, had been discussed thoroughly at the last meeting, with Bob Anderson giving his recommendations. Item #4, Galen should have an extended care alcohol program, Mike Murray said he would like to answer the extended care question and he would like to suggest the Advisory Council pursue the services as now provided at Galen for alcohol and drug abuse, review what exists and what the needs are and make a recommendation to the Department to be included in the report to the legislature. Jack Pollari said he has many problems dealing with persons who need more than one month of treatment, some of which do need custodial care but there are not places for these people. Chairman Spoja said it was his understanding then that the Task Force is recommending the Advisory Council to look at the extended care program and to try to come up with a recommendation for the Department as to what might be done in connection with the extended care issue. Items #5, Galen should have a short term substance abuse treatment program;

and #6, Warm Springs/Galen/Lighthouse should have more beds to meet the drug client needs, the consensus of the Task Force was that these items should be deleted. Item #7, Correctional institution substance abuse counselors should be funded from the alcohol earmarked fund, Ed Shepherd made the motion that no earmarked monies go for correctional substance abuse counselors. Motion seconded by Ron Hjelmstad, Representative Moore opposed, motion passed.

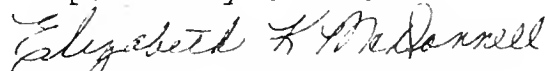
Item #8, Justice Department Forensic Lab. should be funded from source other than alcohol earmarked funds, had been discussed earlier in the meeting; however, Representative Moore moved that the funding source of the lab should be a percentage of a DUI fine increase. Seconded by Joe Plumage, passed. Item #9, all institutions referrals to community programs for residential treatment be paid by the institutions, Commissioner Whitaker said this has been discussed at length. Ron Hjelmstad made the motion that the Task Force make a recommendation to the Department of Institutions that the parole board be encouraged to include language when making recommendations for residential or outpatient chemical dependency treatment that would include payment for those services by the parolee. Commissioner Whitaker thought community programs should be included and seconded the motion, motion passed. Jack Pollari wondered if it would be advisable for some sort of presentation be given to the parole board. Commissioner Whitaker said he would join with Mike Murray to do that.

Item #10, recommend Medicaid/Medicare funding be used to pay for alcohol treatment the same as any other illness, Representative Moore said this should be deleted. Item #11, Montana insurance code pertaining to substance abuse should be rewritten, Chairman Spoja said this had been talked over before and there was not much more to be done with it at the present time. Mike Murray said he would like to have the language available at the July meeting. Chairman Spoja said this will be addressed at the July meeting. Item #12, State-approved Native American programs should receive a percentage of the alcohol earmarked funds rather than compete on the state or local level, Joe Plumage said this would present a problem, there had been no complaints from the Native American programs, and this item should be deleted from the worksheet.

The next meeting was set for July 15 and 16, and the 17th, if necessary. On July 15, the hearing will be at 9:00 a.m. with the Task Force deliberations at 1:00 p.m. The meetings will be held at the Department of Highways Auditorium.

Chairman Spoja adjourned the meeting at 2:45 p.m.

Respectfully submitted


Elizabeth K. McDonnell

ATTACHMENTS

OPTION C

This option would completely eliminate the state clinics and all drug services would be contracted out to the local community alcohol programs in that area (contract would have to be with County government in Butte or Anaconda). This option would require the reduction of 40 slots from the area in which the state clinics are located and be redistributed to Billings, Great Falls, Kalispell and start-up slots of 20 each in Havre and the Glendive/Sidney areas, which would be available along with funding remaining for 24 additional unassigned slots. This would bring total available slots in the state to 407.

ADVANTAGES:

1. Allow for the most equitable distribution of drug treatment services statewide.
2. Only one community alcohol and drug program in Butte, Helena, Anaconda excluding the Butte Indian alcohol program.
3. Allow for better generation of alternate sources of revenue for alcohol and drug services, in Helena.

DISADVANTAGES:

1. While the quantity of treatment services available would increase, the quality of services would decrease, at least temporarily in Butte, Anaconda and Helena.
2. Drug services provided to inmates at Montana State Prison 60-days prior to release would be eliminated.
3. In both Butte and Anaconda there would be no alternative other than contracting with the respective counties.
4. Estimate 24 slots would be unutilized until programs could be developed to a point where their utilized client slots could be increased.
5. Temporarily overall slot utilization would drop due to clinic start-up - this could impact future funding potential.

Estimated Federal/State Costs and Slot Distribution
July 1, 1982 - June 30, 1983

Exhibit 6

OPTION C

	Admin	Contracted Clinics								Glendive		TOTAL
		Butte/ Anconda	Helena	Bozeman	Missoula	Billings	Great Falls	Kalispell	Ronan	Havre	Sidney	
MT Drug Supervision	-0-											
Dir. of Treatment	29,819											
Admin. Assistant	15,745											
Drug Couns. Super.												
Drug Counselor												
Drug Counselor												
Drug Counselor												
Secretary												
TOTAL	45,564											
Fringe 14.21	6,475											
Insurance \$960 per FTE	1,920											
TOTAL P/S	53,959											
Contracted Services	2,427											
Supplies & Materials	600											
Communications	1,800											
Travel	10,610											
Rent	1,500											
Utilities	-0-											
Repair/Maintenance	150											
Other	200											
TOTAL OPERATIONS	17,287											
TOTAL	71,246	91,200	60,800	76,000	80,560	60,800	60,800	60,800	30,400	30,400	30,400	653,406
Slot Cost		1,520	1,520	1,520	1,520	1,520	1,520	1,520	1,520	1,520	1,520	1,520
Treatment Slots		60	40	50	53	40	40	40	20	20	20	383
Proposed Changes		-34	-14	-9	-0-	+12	+20	+18	-0-	+20	+20	+24
												Unassigned

Total Funds Available \$691,015
Total Costs 653,406
Balance Remaining \$ 37,609



The Big Sky Country

MONTANA STATE HOUSE OF REPRESENTATIVES

REPRESENTATIVE JOHN VINCENT

Committees:
Rules
Business and Industry
Education, and Cultural Resources
Member, Legislative Council

Dear

Carroll South, Director of the Department of Institutions has appointed a special long-range planning task force on alcoholism, alcohol treatment, prevention and services for chemical dependency. I have agreed to serve as chairman of a priority committee that will attempt to identify all treatment, prevention and education needs for alcohol and drug abuse in Montana. My committee would like to solicit your assistance in helping us to identify all problems or issues pertinent to alcoholism or drug abuse as well as your suggestions for addressing them. We ask that for each problem you identify you also offer your suggestion for correcting the problem. My committee will review all responses received and recommend to the task force priorities for their consideration and review.

Please send your responses prior to April 2, 1982, to:

Special Task Force
c/o Michael Murray, Administrator
Alcohol and Drug Abuse Division
Department of Institutions
1539 11th Avenue
Helena, MT 59620

Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "John Vincent".

REPRESENTATIVE JOHN VINCENT

RECOMMENDATIONS OF PRIORITIES COMMITTEE

After the last Task Force meeting I had the Alcohol and Drug Abuse Division mail letters to everyone who they felt was concerned or may want to comment on alcohol or drug treatment in the state. The Division mailed approximately sixty-five (65) letters. To date we have received only fifteen (15) responses with comments which can be generalized as follows:

1. Regionalization: Eight responses on the subject, six opposed completely and two that would like consolidation considered further.
2. Insurance: Six responses all in favor of mandatory group health coverage to include outpatient and free standing inpatient.
3. Funding: Three responses, two recommend status quo and one recommended discretionary funding distributed 85 percent land mass and 15 percent population.
4. Client Fees: Three responses - one in favor of and the other two recommending the fees comprise 25-30 percent of a total budget.
5. Single Issue Responses Include:
 - 1) Develop a percentage allocation of the earmarked fund reserved for Native American programs and exclude these programs from county and discretionary funding. This allocation to be administered by the state.
 - 2) Develop state approval for private treatment programs that would not include eligibility for public funds.
 - 3) Continue County Plans and allow multi-county plans to include discretionary funding requests.
 - 4) Leave wine and beer tax as is.
 - 5) Fund rural programs to provide low income clients transportation to and from treatment.
 - 6) Increase the drug treatment capacity at Galen/Lighthouse.
 - 7) Eliminate use of alcohol earmarked funds for the Justice Department Forensic Science Division laboratory.
 - 8) Fund correctional institution alcohol counselors with General Funds instead of alcohol earmarked funding.

- 9) Increase the number of substance abuse counselors at the prison.
- 10) Eliminate the state operated drug clinics.
- 11) Start community Minors In Possession program.
- 12) More halfway houses for women and youth.
- 13) More training for alcohol and drug abuse counselors.
- 14) More Community Intervention programs.

The Committee discussed the responses in a conference telephone call and developed the suggested action plan:

1. Have the Alcohol and Drug Abuse Division continue to encourage and receive responses from interested individuals.
2. Use the scheduled meetings as follows:
 - a) April 17, 1982: What is an alcoholic, alcoholism? What are the types of treatment: detoxification, outpatient, residential, halfway house, follow-up and determining factors for referral to each modality. How does Alcoholics Anonymous differ from treatment? What has been the history of the alcohol movement in Montana? What services, and the location of each, are currently available.
 - b) May 15, 1982: Discussion and Recommendations on:
 - 1) Regionalization
 - 2) Organization of service providers
 - 3) County Plans
 - 4) Funding
 - 5) Insurance
 - c) June 18, 1982: Public hearing on May 15 recommendations and testimony on any single issue items.
 - d) July 15-16, 1982 or August 19-20, 1982: Finalize final report.

HISTORICAL PERSPECTIVE OF PUBLIC TREATMENT IN MONTANA

1911 Public Inebriate Statute Enacted by the 12th Legislative Assembly

"A "department" established at Montana State Hospital at Warm Springs called "State Hospital for Inebriates" supervised and controlled by the "State Board of Commissioners for the Insane"."

Commitment made by District Judge "if after examination or hearing" "that the accused in proper person to be committed to said hospital. The term of detention or treatment shall be until cured or until the Superintendent of the hospital is satisfied that the person is not receiving substantial benefit from treatment."

1935 Formation of Alcoholics Anonymous in Ohio

This voluntary association found its way into Billings and from there spread to Western Montana. AA currently exists in every county in the state with many groups in larger cities meeting seven days a week. AA has a fiercely independent tradition of self-help for its members and does not associate itself or its members with public or private institutions of any kind. To include AA as part of the historical system of alcoholism services available in Montana is in no way meant to undermine their independence or anonymity. The facts of the matter are that AA is the only free, long term, effective sobriety maintenance program available in Montana. As such, it becomes an integral part of the alcoholism services system in the state regardless of the fact that it has no formal ties with conventional notions of a state system of services. Many people passing through other elements of the state system of services eventually belong to AA to maintain their sobriety.

1935 Founding of Shadle Alcoholism Hospital in Seattle

Montanans who could afford it often sent people to Shadle as an alternative to Warm Springs. Shadle was the first of the private institutions specializing in alcoholism to be established in the United States. Because of its proximity to Montana, Shadle became well known and was considered vastly preferable (for those who could afford private care) to being sent to the state hospital for the insane at Warm Springs.

1949 31st Legislative Assembly Established the Narcotic Education Section

This section was located in the Department of Health under the direction of the State Board of Health. Provided funding for a consultant trained in education and pharmacology to provide narcotic education to; the general public, elementary and high schools and institutions of higher learning, regarding the scientific facts concerning narcotic drugs.

1953 Passage of House Joint Resolution No. 5

This resolution provided for a citizen's committee to be established by the State Board of Health to study alcoholism and report its findings to the 34th Legislative Assembly. The report submitted in October 1954 by the Department of Health contained the following recommendations:

1. Authorize the Montana State Board of Health to plan, organize, and direct a coordinated program of Treatment, Rehabilitation and Guidance of the Alcoholic, and to seek the cooperation of community and school organizations in disseminating information about Alcoholism.
2. Establish and maintain a special hospital for the treatment and rehabilitation of Alcoholics in Montana, which shall not be identified, by name, with the Montana State Hospital.
3. Alcoholism is an illness, and it should be treated as an illness, not as a penal offense. Therefore we urge that admission of a patient to a hospital for the treatment of alcoholism be voluntary and by recommendation of a physician. Court commitment of an alcoholic should be limited to the Montana State Hospital at Warm Springs.
4. By means of leaflets, bulletins, newsletters, and by lectures, talks, discussion groups, and other educational media, disseminate information about alcoholism, its prevention, its treatment, and the roles of other people in the treatment and rehabilitation of the alcoholic.
5. That these programs of treatment, care, guidance and information be implemented, financially.

The Citizens Committee was made up of the following:

Vice-Chairman: Dr. W. Bruce Talbot

2. That existing professional approaches were ineffectual or non-existent; and
3. That laymen having personal experience with alcoholism in their own lives could become expert counselors for alcoholics.

The recognition of these three facts and a good deal of trial and error were the basis for what has become a successful treatment approach in Montana and elsewhere. Unfortunately, that recognition has not developed in all states for a variety of reasons and specialists in the alcoholism field are quick to point to the treatment disasters that result.

The significance of the chain of developments lies not only with the treatment approach but with its impact on the communities of Montana, especially the community of recovering alcoholics.

Unlike other states (California for example) the community of recovering alcoholics in Montana readily accepts alcoholism treatment as a legitimate and effective first step in recovery. This acceptance has had a profound effect on the success of residential treatment in Montana.

1969 The Montana Commission of Alcoholism Established in the Department of Health

This Commission was funded with a general fund budget of \$25,000. The Commission budget provided funding to continue to study alcoholism in Montana, provide public information on alcoholism and encourage development of local community treatment programs.

1969 Legislature Moves the Alcohol Service Center from Warm Springs State Hospital to Galen State Hospital

This legislation provided for a separate unit at Galen for the treatment of alcoholism with admittance to be the same as for other ill persons at the hospital.

1972 Creation of the Federal National Institute on Alcohol Abuse and Alcoholism

In the late 1960's and early 1970's national interest in the health and social problems of alcohol led to a federal initiative. Early federal funds began to trickle to the states from the National Institute of Mental Health. The passage of the Hughes Act (PL 92-255) and the creation of a separate institute for alcoholism (NIAAA) presaged a major turning point in the direction and extent of alcoholism services in Montana.

With the passage of the federal legislation two divergent alcoholism funding arrangements began to take place. Groups supporting and operating the locally funded half-way houses in places like Helena, Havre and Great Falls made direct application for NIAAA funds for treatment centers. These grants directly from federal sources to local groups resulted in the creation of the full scale residential treatment centers at Havre and Great Falls and the short lived residential treatment center at Helena called New Horizons. Outpatient services were also started in Billings, Glendive, an eleven county area in Southwestern Montana and four of the seven reservations.

A second reaction to the federal funding occurred at the state level to enable the state to take advantage of the federal formula grants to states. Part of the early Montana federal formula funds were used to fund community programs. Early funding also came from; The Federal Office of Economic Opportunity, Montana Crime Control Commission and Montana Vocational Rehabilitation Agency. Throughout this period no stable or ongoing source of funding for local or county wide alcoholism services was available from public or private sources. Nevertheless, based on local support in the community, programs continued to exist and in several cases individuals starting a local program in one community moved on to another Montana location to start another program.

1972 Funding for Drug Programs begins

In 1972 the state received two federal grants to start drug abuse treatment. Warm Springs State Hospital received a National Institute of Mental Health Hospital Improvement grant to establish a residential drug treatment program. Due to administrative problems with the program, and the inability of the Warm Springs staff to accept adolescents with drug addictions rather than mental health problems, this program was moved to separate isolated quarters on the Galen Hospital Campus in 1974. Although located at Galen, funding and administration was under the control of Warm Springs. This program (Lighthouse) has been maintained through a general fund appropriation in the Galen budget since 1975.

The Montana Drug Program was funded through a federal National Institute on Drug Abuse grant matched with state general funds to serve southwestern Montana. This program was expanded to include Missoula County in 1976 and Yellowstone County in 1978, and then further expanded to Cascade, Flathead Reservation and Flathead and Lake Counties. The program provides drug free outpatient services to residents of Montana.

Both of these programs have always been in the Department of Institutions system.

1974 Passage of House Bill 909

This legislation recognized alcoholism as an illness, provided intoxicated persons could not be subjected to prosecution because of alcohol consumption and must be afforded a continuum of treatment (Uniform Act) and increased the tax on alcoholic beverages to create a Fund for Treatment Programs. The tax on liquor was increased to 5% with 4/5 of the tax going to cities and counties and 1/5 to the general fund, along with a new tax of 25 cents per barrel on beer. This new general fund revenue was to be used to pay the cost of alcoholism treatment.

1975 Passage of House Bill 699

Recognizing the fragmentation of funding and of services between the Departments of Health, Institutions and the Governor's Office, and responding to the criticisms of local programs, in 1975 the Legislature passed HB 699. The intent of this 1975 legislation was to:

1. Place State responsibility for alcoholism and drug services in a single agency -- the Department of Institutions;

2. Give direction and authority to establish a State Alcohol Authority and a Single State Agency for drugs both required to receive federal formula funding.

Obviously, the location of this authority in the State Department of Institutions had a great deal to do with the fact that the Galen program, with its historical public alcoholism role, and the Montana Drug Program were already in the Department. The 1975 bill (in reality an appropriation bill) gave the Department of Institutions funding for alcohol administration. It also provided a line item budget for the Galen Alcohol Service Center. Federal formula monies were also now directed to this new state authority for distribution on a regional basis as well as the state general fund appropriation levied from the liquor tax.

By 1975 at least one residential treatment program had failed (in Helena). Residential treatment programs remaining in Billings, Havre and Great Falls received a combination of local, state and federal funding. Some programs such as the residential program at Havre and the 12 county outpatient program operated from Helena were funded directly through NIAAA grants. The Galen program continued to be funded from a state general fund appropriations. The local city and county outpatient programs were funded from three sources; general fund appropriations derived from the small liquor tax, federal formula funds and locally generated monies.

1977 Passage of HB 627

This legislation increased the tax on liquor to 10% and \$1.00 per barrel on beer.

The 1977 law signaled a new and comprehensive approach to alcoholism services in Montana based on an earmarked revenue fund tied to liquor sales taxes. Moreover, it tied funding of alcohol programs to a relative percentage of sales in individual counties and made available to counties monies to be used exclusively for alcoholism services subject to approval of service programs by the state authority.

1979 Passage of HB 844

This legislation further refined alcohol treatment funding, giving the individual counties greater responsibilities for determining the needs for alcoholism services. The bill also required a county plan for alcohol services and established an area to population ratio for the disbursement of direct alcohol earmarked tax revenues to the counties. It also gave the Department of Institutions responsibility for individual counselor competency by requiring the Department to establish alcohol and drug abuse counselor Certification and develop guidelines for Certification.

1979 Passage of SB 61

This legislation provided for the first time all group and individual health insurance sold in Montana must offer alcohol and drug abuse rehabilitation benefits. Although previous to this legislation, some companies paid for inpatient alcohol services, this expanded the number of companies offering benefits. It also provided for the first time alcohol outpatient and drug abuse rehabilitation benefits.

1981 Passage of HB 364

This Legislation provided for mandatory sentences for driving while under the influence of alcohol or drugs. The law also mandated that any individual convicted of driving while intoxicated must complete an approved DUI Court School program.

200 copies of this public document were published at an estimated cost of \$2.27 per copy, for a total cost of \$454.68, which includes \$394.68 for printing and \$60.00 for distribution.